

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90028 017 \*\*\*\*61.25

J4021000



03282004 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N14522</b> 1. Entity Name <b>LOWER MATECUMBE KEY ASSOCIATION, INC.</b>					
Principal Place of Business P.O. BOX 911 ISLAMORADA, FL 33036			Mailing Address P.O. BOX 911 ISLAMORADA, FL 33036		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>65-0067301</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NIEBLER-SPARE, MS LUCIANN</b> <b>193 EL CAPITAN DR</b> <b>ISLAMORADA, FL 33036</b>			7. Name and Address of New Registered Agent Name <b>HADLEY, GORDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>123 BUENA VISTA</b> City <b>ISLAMORADA</b> FL Zip Code <b>33036</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Gordon Hadley (President)</i></u> DATE <u>3/29/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUIRCH, LOUIS 164 SIOUX ST TAVERNIER, FL 33070	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOE, Barbara 222 Gulfview Dr ISLAMORADA, FL 33036
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HADLEY, GORDON 123 BUENA VISTA ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CLAIRE 185 NAUTILUS DR ISLAMORADA, FL 33036
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAUER, SALLY 75995 OVERSEAS HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, GLENN 75055 OVERSEAS HWY ISLAMORADA, FL 33036
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DAN 76340 OVERSEAS HWY ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, BAY 110 COLUMBUS DR ISLAMORADA, FL 33036
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIEBLER-SPARE, MS LUCIANN 193 EL CAPITAN DR ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Brien, Mary Jane 101 MADRIDA COURT ISLAMORADA, FL 33036
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, SHERYL 115 PLAZA DEL LOGO ISLAMORADA, FL 33036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara A Moe</i></u> <b>BARBARA A. MOE</b> <u>03/29/04</u> <b>(305)517-9085</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					